

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT **2002**
Calendar Year 2002

DO NOT WRITE OR STAPLE IN THIS SPACE

or other tax year beginning _____, 2002 and ending _____, _____

- ▶ Check the applicable box: ☐ Part-Year Resident ☐ Nonresident
▶ ☐ Check box if filing for the first time or if address has changed

AMD	UNP	008	PNT	INT	
-----	-----	-----	-----	-----	--

• PLEASE PRINT • OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Spouse's occupation

**HAWAII ELECTION
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

RESIDENCY STATUS

If you are a nonresident, in what state or foreign country are you a resident?

**FILING
STATUS**

- 1 ☐ Single (Check only ONE box)
2 ☐ Married filing joint return (even if only one had income).
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. •
4 ☐ Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (Year spouse died •).

EXEMPTIONS**Caution:** If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 35.

- 6a ☐ Yourself ☐ Age 65 or over
6b ☐ Spouse ☐ Age 65 or over

Enter number of boxes checked on 6a and 6b ▶

If you checked box 3 and 6b above, see the Instructions on page 8 and if your spouse meets the qualifications, check here ☐**6c Dependents:**

1. First and last name

If more than 2 dependents use attachment

2. Dependent's social security number

3. Relationship

Enter number of your children listed **6c** ▶Enter number of other dependents **6d** ▶**6d**Add numbers entered in boxes above **6e** ▶**6e** Total number of exemptions claimed**ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN FOR 2002****ROUND TO THE NEAREST DOLLAR****INCOME**

- 7 Wages, salaries, tips, etc. (attach Form(s) W-2).....
8 Interest income from the worksheet on page 36 of the Instructions.....
9 Ordinary dividends
10 State income tax refund from the worksheet on page 36 of the Instructions.....
11 Alimony received.....
12 Business or farm income or (loss) G.E. I.D. No.....
13 Capital gain or (loss) from the worksheet on page 36 of the Instructions.....
14 Supplemental gains or (losses) (attach Schedule D-1).....
15 IRA distributions
16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40).....
17 Rents, royalties, partnerships, estates, trusts, etc. G.E. I.D. No.....
18 Unemployment compensation (insurance).....
19 Other income (state nature and source)
20 Add lines 7 through 19..... **Total Income** ▶

**ADJUSTMENTS
TO INCOME**

- 21 IRA deduction
22 Student loan interest deduction from the worksheet on page 40 of the Instructions....
23 Archer MSA deduction.....
24 Moving expenses (attach Form N-139)
25 One-half of self-employment tax
26 Self-employed health insurance deduction
27 Self-employed SEP, SIMPLE, and qualified plans
28 Interest penalty on early withdrawal of savings
29 Alimony paid (Enter name and SS No. of recipient).....
30 Payments to an individual housing account.....
31 First \$1,750 of military reserve or Hawaii national guard duty pay.....
32 Add lines 21 through 31..... **Total Adjustments** ▶

AGI**33** Line 20 minus line 32..... **Adjusted Gross Income** ▶**Col. A - Total Income****Col. B - Hawaii Income**

00	7●	00	00
00	8●	00	00
00	9●	00	00
00	10●	00	00
00	11	00	00
00	12●	00	00
00	13●	00	00
00	14	00	00
00	15●	00	00
00	16●	00	00
00	17●	00	00
00	18●	00	00
00	19●	00	00
00	20●	00	00
00	21	00	00
00	22	00	00
00	23	00	00
00	24	00	00
00	25	00	00
00	26	00	00
00	27	00	00
00	28	00	00
00	29	00	00
00	30●	00	00
00	31●	00	00
00	32●	00	00
00	33●	00	00

TAX COMPUTATION	34 Hawaii adjusted gross income from line 33, Column B		34		00	
	35 Ratio of Hawaii AGI to Total AGI. Divide line 33, Column B, by line 33, Column A (Compute to 3 decimal places and round to 2 decimal places)		35	•		
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> • and see Instructions.					
	36 If you do not itemize deductions, enter zero on line 36g and go to line 37a. Otherwise go to page 19 of the Instructions and enter your Hawaii itemized deductions here.					
	36a Medical and dental expenses (from Worksheet NR-1 or PY-1)	36a	•		00	
	36b Taxes (from Worksheet NR-2 or PY-2)	36b	•		00	
	36c Interest expense (from Worksheet NR-3 or PY-3)	36c	•		00	
	36d Contributions (from Worksheet NR-4 or PY-4)	36d	•		00	
	36e Casualty and theft losses (from Worksheet NR-5 or PY-5)	36e	•		00	
	36f Miscellaneous deductions (from Worksheet NR-6 or PY-6)	36f	•		00	
36g If line 34 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 39 of the Instructions. If not, add lines 36a through 36f. Enter total here and go to line 38.....		Total Itemized Deductions ➤		36g	00	
37a If you checked filing status box: <div style="display: flex; justify-content: space-between;"> 1, enter \$1,500 3, enter \$950 </div> <div style="display: flex; justify-content: space-between;"> 2 or 5, enter \$1,900 4, enter \$1,650 </div>		37a		00		
37b Multiply line 37a by the ratio on line 35		Prorated Standard Deduction ➤		37b	00	
38 Line 34 minus line 36g or 37b, whichever applies. (This line MUST be filled in)				38	00	
39a Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 24 of the Instructions		39a		00		
39b Multiply line 39a by the ratio on line 35		Prorated Exemption(s) ➤		39b	00	
40 Taxable Income. Line 38 minus line 39b (but not less than zero)		Taxable Income ➤		40	00	
41 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 39 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet •						
(• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-814).....		Tax ➤		41	00	
TAX PAYMENTS AND CREDITS	42 Total nonrefundable tax credits (attach Schedule CR)		42		00	
	43 Line 41 minus line 42 (but not less than zero)		Balance ➤		43	00
	44 Hawaii State Income tax withheld, and tax withheld on Forms N-2 or N-4	44	•		00	
	45 2002 estimated tax payments on Forms N-1 ; N-288A	45	•		00	
	46 Amount of estimated tax applied from 2001 return	46	•		00	
	47 Amount paid with extension(s)	47	•		00	
	48 Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions •	48	•		00	
	49 Credit for Low-Income Household Renters (attach Schedule X)	49	•		00	
	50 Credit for Child and Dependent Care Expenses (attach Schedule X)	50	•		00	
	51 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	51	•		00	
52 Credit for \$1 general income tax (see page 28 of the Instructions)	52	•		00		
53 Total refundable tax credits from Schedule CR (attach Schedule CR)	53			00		
54 Add lines 44 through 53		Total Payments and Credits ➤		54	00	
REFUND OR AMOUNT YOU OWE	55 If line 54 is larger than line 43, enter the amount OVERPAID (line 54 minus line 43)		55	•	00	
	56 Amount of line 55 to be applied to your 2003 ESTIMATED TAX		56	•	00	
	57 Line 55 minus line 56		57	•	00	
	58 Contribution to Hawaii School-Level Minor Repairs and Maintenance Special Fund. (See Instructions) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse. (Enter \$2 if one box is checked, or \$4 if both boxes are checked)		58		00	
	59 Amount to be REFUNDED TO YOU (line 57 minus line 58). If filing late, see page 29 of Instructions		59		00	
	60 AMOUNT YOU OWE (line 43 minus line 54). Send Form N-200V with your payment		60	•	00	
61 Estimated tax penalty. (See page 29 of Instructions.) Also include this amount in line 55 or 60, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/>		61	•	00		
DESIGNEE SIGN HERE	62 If you would like us to mail you a packet of forms for next year's filing, please check this box..... <input type="checkbox"/> • <input type="checkbox"/>					
	63 Proceeds from the sale of a qualified high technology business' NOL • \$					
If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 30 of the Instructions.						
Designee's name ➤		Phone no. ➤		Identification number ➤		
DECLARATION						
I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.						
PLEASE SIGN HERE	➤ _____ Your signature		Date		Spouse's signature (if filing jointly, BOTH must sign) _____ Date	
	Paid Preparer's Information	Preparer's Signature and date _____ Print Preparer's Name ➤ _____		Preparer's identification number _____		
		Firm's name (or yours if self-employed), Address, and ZIP Code _____		Federal E.I. No. ➤ _____		
				Phone no. ➤ _____		
		Check if self-employed ➤ <input type="checkbox"/>				